#### APPLICATION DATA SHEET

#### APPLICATION INFORMATION

Application Type::

**REGULAR** 

Subject Matter::

UTILITY

CD-ROM or CD-R?::

NONE

Sequence Submission?::

PAPER

Title::

MYCOBACTERIAL PROTEINS,

MICROORGANISMS PRODUCING

THEM AND THEIR USE FOR

VACCINES AND FOR THE DETECTION

OF TUBERCULOSIS

Attorney Docket Number::

245865US

**Total Drawing Sheets::** 

15

### INVENTOR INFORMATION

Applicant Authority Type::

**INVENTOR** 

Primary Citizenship Country::

FRANCE

Status::

**FULL CAPACITY** 

Given Name::

Anne

Family Name::

**LAQUEYRERIE** 

City of Residence::

**Paris** 

Country of Residence::

France

Street of Mailing Address::

83, avenue de Breteuil

City of Mailing Address::

Paris

Country of Mailing Address::

France

Postal or Zip Code of Mailing Address::

75015

Applicant Authority Type::

INVENTOR France

Primary Citizenship Country:: Status::

FULL CAPACITY

01 11

Gilles

Given Name::

MARCHAL

Family Name::

.....

City of Residence::

Ivry Sur Seine

Country of Residence::

France

Street of Mailing Address::

4, rue Francisco Ferrer

City of Mailing Address::

Ivry Sur Seine

Country of Mailing Address::

France

Postal or Zip Code of Mailing Address::

94200

Applicant Authority Type::

**INVENTOR** 

Primary Citizenship Country::

France

Status::

**FULL CAPACITY** 

Given Name::

Pascale

Family Name::

**PESCHER** 

City of Residence::

Paris

Country of Residence::

France

Street of Mailing Address::

124, rue Damremont

City of Mailing Address::

Paris

Country of Mailing Address::

France

Postal or Zip Code of Mailing Address::

75018

Applicant Authority Type::

INVENTOR

Primary Citizenship Country::

France

Status::

**FULL CAPACITY** 

Given Name::

Felix

Family Name::

**ROMAIN** 

City of Residence::

Fontenay Les Briis

Country of Residence::

France

Street of Mailing Address::

49 bis, rue C.F. Dreyfus, Bel. Air

City of Mailing Address::

Fontenay Les Briis

Country of Mailing Address::

France

Postal or Zip Code of Mailing Address::

91640

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

22850

REPRESENTATIVE INFORMATION

Representative Customer Number::

22850

## DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/985,372	11/02/01
09/985,372	Division of	09/599,366	06/21/00
09/599,366	Division of	09/132,528	08/11/98
09/132,528	Division of	08/641,356	04/30/96
08/641,356	Division of	08/382,184	02/01/95

# **ASSIGNMENT INFORMATION**

Assignee Name:: INSTITUT PASTEUR

Street of Mailing Address:: 28 rue du Docteur Roux

City of Mailing Address:: Paris Cedex
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 75724